

## FAX TRANSMITTAL

**To:** PTO Commissioner  
**Company:** USPTO  
**Fax Number:** 1-703-872-9306

**From:** George A. Leone, Sr.  
**Company:** George A. Leone & Associates Law Offices  
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**Pages:** 8  
**Date:** 06/01/2005 **Time:** 3:37:29 PM  
**Regarding:** Application No.: ☐09/503,524 Confirmation No. 6735

### Comments:

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: ☐09/503,524 Confirmation No. 6735  
Applicant(s) : CRICKENBERGER, et al.  
Filed : 2/14/2000 ☐ 2/14/2000 ☐  
TC/A.U. : 3641  
Title : MULTIPLE PULSE CARTRIDGE IGNITION SYSTEM ☐  
Examiner : KEITH, JACK W ☐  
  
Docket No. : 20582US  
Customer No. ☐ : 23430

MS Amendment  
Commissioner for Patents  
PO BOX 1450  
Alexandria VA 22313-1450  
AMENDMENT WITH ELECTION OF CLAIMS

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/503,524	
	Filing Date	2/14/2000	
	First Named Inventor	CRICKENBERGER	
	Art Unit	3641	
	Examiner Name	KEITH, JACK W	
Total Number of Pages in This Submission	7	Attorney Docket Number	20582US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	George A. Leone, Reg. No. 30,567 2150 128th Ave NW, Coon Rapids, MN 55448 TEL. 763-767-2762 FAX 763-754-5943		
Signature	<i>George A. Leone</i>		
Date	June 1, 2005		

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	George A. Leone Reg. No. 30,567		
Signature	<i>George A. Leone</i>	Date	June 1, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**AMENDMENT WITH ELECTION OF CLAIMS**

Dear Commissioner:

This amendment is in response to the Office Action of 5/12/2005. Please enter this amendment.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of the claims, which begins on page 2 of this paper.

**Remarks/Arguments with Election of Claims** begin on page 5 of this paper.